



## PROVIDER BULLETIN

Volume 30 Number 41

<http://www.dss.mo.gov/mhd>

February 19, 2008

### PHYSICIAN, PODIATRIST, AND DURABLE MEDICAL EQUIPMENT

---

- COVERAGE CRITERIA FOR OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE
  - PRE-CERTIFICATION REQUIREMENT
  - INITIATING PRE-CERTIFICATION REQUESTS FOR DME
- 

#### **COVERAGE CRITERIA FOR OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE**

Effective for dates of services on or after February 19, 2008, MO HealthNet Division will implement coverage of the Osteogenesis Stimulator, Low Intensity Ultrasound, Non-invasive (E0760NU). The following criteria applies to this device:

- Treatment of a nonunion fracture (ICD-9-CM codes: [807.00-807.3](#), [808.0-808.9](#), [810.00-816.13](#), [820.00-826.1](#))

**Nonunion** is defined as the point when healing has stopped and will not proceed without some type of intervention.

- The nonunion must be radiographically and clinically documented by a minimum of two sets of radiographs, obtained prior to starting treatment with the osteogenic stimulator, separated by a minimum of 90 days. Each radiograph set must include multiple views of the fracture site accompanied with a written interpretation by a physician stating that there has been no clinically significant evidence of fracture healing between the two sets of radiographs.
- The radiological documentation must indicate skeletal maturity has been attained.
- An orthopedic surgeon or podiatrist who is board certified in podiatric surgery must prescribe use of the ultrasonic osteogenesis stimulator as an appropriate form of treatment.

- Nonunion fractures of the skull, vertebrae, tumor-related, fresh and delayed union fractures are excluded from coverage.

The provider of the osteogenesis stimulator must assure that the participant utilizing the device is properly instructed in use of the device in support of the ordered treatment and is aware of and understands any emergency procedures regarding the use of the osteogenesis stimulator device. The provider must maintain written documentation in the participant's medical record regarding the instruction of use for the osteogenesis stimulator.

The device must be capable of producing a treatment log indicating the patient's use. This information must be made available to MO HealthNet Division upon request.

The device is available as a purchase item only and may only be supplied once per lifetime.

## **PRE-CERTIFICATION REQUIREMENT**

Pre-certification as described below is required for coverage of the ultrasonic osteogenesis stimulator device (E0760NU) for all MO HealthNet participants. The device must be prescribed and pre-certification must be requested by an orthopedic surgeon or a podiatrist who is board certified in podiatric surgery.

Requests must meet medical criteria established by the MO HealthNet Division in order to be approved. These [medical criteria](#) can be referenced on the MO HealthNet Web site located at <http://dss.missouri.gov/mhd/> for future reference.

## **INITIATING PRE-CERTIFICATION REQUESTS FOR DME**

Pre-certification of DME is a two-step process. Requests for pre-certification must be initiated by enrolled MO HealthNet specialists who write prescriptions for items covered under the DME Program. Authorized DME prescribers for an ultrasonic osteogenesis stimulator include an orthopedic surgeon or a podiatrist who is board certified in podiatric surgery. The enrolled DME provider will access the pre-certification initiated by the prescriber to complete the second step of the pre-certification process. All requests must be approved by the MO HealthNet Division.

Providers are encouraged to sign up for the MO HealthNet Web tool – CyberAccess<sup>SM</sup>- which automates the pre-certification process. To become a CyberAccess<sup>SM</sup> user, contact the ACS-Heritage help desk at 1-888-581-9797 or 573-632-9797 or send an e-mail to [MoMedCyberaccess@heritage-info.com](mailto:MoMedCyberaccess@heritage-info.com) . The CyberAccess<sup>SM</sup> tool allows each pre-certification to automatically reference the individual participant's claim history, including ICD-9 diagnosis codes and procedure codes. Requests for pre-certification will also be taken by the MO HealthNet call center at 1-800-392-8030.

Requests for pre-certification must meet medical criteria established by the MO HealthNet Division in order to be approved. MO HealthNet criteria is published in provider bulletins and posted on the MO HealthNet Web site located at [www.dss.mo.gov/mhd](http://www.dss.mo.gov/mhd) prior to

implementation. If a pre-certification request submitted through CyberAccess<sup>SM</sup> is denied, providers may click on the box to have a MO HealthNet call center representative contact them. The call center is available Monday through Friday, from 8:00 am to 5:00 pm, excluding state holidays.

**PLEASE NOTE:** An approved pre-certification request does not guarantee payment. The provider must verify participant eligibility on the date of service using the Interactive Voice Response (IVR) System at (573) 635-8908 or by logging on to the MO HealthNet Division Web site at [MO HealthNet Web portal](#).

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Website at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via e-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

**Provider Communications Hotline**  
**573-751-2896**